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AUTHOR DuBose, Rebecca F.
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ABSTRACT

Gathering, interpreting and conveying diagnostic information to parents of multiply handicapped children is an essential first step in the child's development. Assessment should investigate response to materials, teaching methods and reinforcers. Communication with parents can be enhanced through enlisting their participation in the evaluation sessions. The final step involves making clear and appropriate recommendations. (CL)

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TRANSLATION OF ASSESSMENT DATA INTO PRACTICAL APPLICATIONS FOR MULTIPLY HANDICAPPED CHILDREN

Rebecca F. DuBose, Ph.D.
George Peabody College for Teachers

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Translation of Assessment Data Into
Practical Applications for Multiply
Handicapped Children

A major factor affecting the life of a multiply handicapped child is that his parents know from birth, or shortly afterwards that their child is impaired. Their responses to this rude awakening will significantly effect the child's physical, mental and emotional development. Their willingness to pursue expert medical care for their child will lessen possible damage and facilitate correction of physical anomalies. Their ability to help him compensate for the absent information normally received through the sensory receptors can lessen delays to early developing cognitive and sensorimotor schemas. Their ability to move through the reaction stages of shock, disappointment, searching for answers, retreating from the problems, and acknowledging the problem, to the stages of acceptance and adaptation will affect the child's self concept and his social-emotional development. How parents have responded to their handicapped child's needs must be clearly understood by those responsible for the psycho-educational appraisal of the child.

Before seeking knowledge of their child's psychological and educational development, parents have usually secured an extensive medical evaluation. Whether they really understood what is told to them or not, they usually come away from such an evaluation with some idea of what their child's medical problems are and what can be done about them. Their responsibility is to follow through on the prescribed treatment.

The diagnosis of the child's psychological and educational abilities can be a more traumatic experience because the effects of the impairments on learning abilities are not as immediately obvious. The possibility of retardation adds insult to injury and is another crushing blow to distraught parents. How the diagnostic team gathers its information, interprets the data, conveys its findings to parents, and guides parents and teachers in using the information are critically important factors influencing the life of the child and his parents. The purpose of this paper is to suggest procedures for the gathering, interpreting and conveying of diagnostic information to facilitate the development of the child's learning abilities within the givens of his life space.

In gathering assessment data capable of leading to meaningful follow through experiences, it is essential that several variables known to influence performance be thoroughly investigated. The environment in which the assessment takes place deserves consideration. The child's performance under structured testing conditions, when in typical classroom situations, and when given the opportunity to perform in a favorite setting can provide useful information. Of major importance is observation of performance of tasks in the places and at the times when the events normally occur.

The materials used in the assessment should include appropriate standardized measures of mental development, criterion referenced tests of adaptive behavior, educational assessments, informal assessments of how the child problem solves, procedures to determine materials evoking the most positive responses from the child, and measures of the amount of help needed in completing tasks not in the child's repertoire. The kinds of reinforcers

that maintained a high performance level and led the child to progressively more difficult tasks are valuable sources of information. The schedules of reinforcement needed for different activities should also be noted.

A variety of procedures and methods for teaching tasks should be tried with reactions recorded. Procedures should include the amount of structure in the presentation of the tasks, the amount of adult assistance needed, the type of training that evoked optimal learning and the length of time the child attended before performance wanes. Procedures that failed as well as those that succeed provide cues for future programming. The information gathered when the variables of environments, tests and materials, procedures and methods and reinforcements are considered must be translated directly into programming suggestions.

How data are interpreted will significantly affect what happens to the handicapped child and his parents. The same data can be presented in a negative manner ("the child was not able to..", "the child failed to..") or in a positive manner ("the child said, 'I want milk'", "the child buttoned the three one inch buttons on his coat"). In data comparing a child with a known sensory impairment to norms for non-impaired children, he will be penalized on tasks requiring keen sensory reception. Interpreting performance in light of children with similar handicaps should be included in the assessment. The data gathered on severely and multiply handicapped children are frequently difficult to express in positive terms, however intra-individual strengths and weaknesses can make this task easier. The child's responses under the numerous variables can be interpreted in light of the feasibility of incorporating certain factors into his future program. The interpretation

of the data in terms that can be meaningfully understood by readers of the report is essential. Presenting scaled scores, raw scores, describing performances as "good", "poor", "fair", etc., does little to add to clarity and point to strengths and weaknesses. The use of a chronological age scale indicating the age at which most normal children, and most children with similar handicapping conditions perform given tasks, is better understood by most parents and educators.

Conveying the gathered information to parents is a two way street. They know far more about many facets of the child than the team will ever know, and their views and opinions deserve respect. Including parents in on as many aspects of the evaluation as are feasible enables them to have a much better grasp of why certain findings were found and the conditions that evoked certain responses. If rapport with parents is well established and a trusting bond exists from the beginning of the assessment, then conveying results to parents does not have to be a traumatic and shocking experience, but a time of synthesizing information and planning a course of action that permits parents to fulfill their natural role as teachers of their child. In our work with multiply handicapped children and their families at Peabody College's Child Study Center we have have implemented some procedures that have helped us in establishing fruitful communication bonds with parents. When families arrive, they meet the director of the diagnostic team who explains to them the operations of the Center, presents them with a list of the names, titles and duties of all persons they and their child will meet, and are given a detailed schedule of what will take place, the rooms in which the various evaluations will occur, the times, and the team members respon-

sible. The parent's cooperation is usually solicited so that we can use information gathered to train future educators as this is the primary mission of Peabody College. The parents are introduced to the parent counselor who takes them to an observation booth where they observe everything that happens to their child. We have found it important to have a team member with the parents while they observe so that questions can be answered and parental responses be noted. As the evaluation progresses, our team has found it extremely valuable to have parents participate by actually carrying out certain tasks with their children, thus providing the team with insightful information as to how the parents relate to the child and the kinds of tasks each family member can most effectively teach the child. When this much parental involvement in the evaluation has taken place, the parents are keenly aware of what the diagnostic team is finding, in fact, it becomes very easy to have them feed back to team members very accurate impressions of their child's abilities, strengths and weaknesses.

The final step involves making appropriate, feasible recommendations about critical needs. The parents don't want to be given a report stating they should "teach the child to feed himself"; they have already tried and have failed. They want those who have found successful ways to teach children with similar impairments to eat, to make suggestions to them that are possible for them to follow given their enviornment, their materials, their skills, and their relationship with the child. In making appropriate recommendations all priorities must be noted, the goals and objectives must be short term so that success can be predicted, and the data gathered from the entire assessment must be used in planning the recommendations. A final statement regarding the availability of the team for future consultation is essential.